

FILED
May 23, 2003 8:00 am
Secretary of State

05-01-2003 90205 036 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000102284

1. Entity Name
CDJLT, INC.



Principal Place of Business
11233 ST. JOHN'S INDUSTRIAL PKWY S.
SUITE 1
JACKSONVILLE FL 32246

Mailing Address
11233 ST. JOHN'S INDUSTRIAL PKWY S.
SUITE 1
JACKSONVILLE FL 32246

55043168



EIN # 83-1358239
☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For	
None		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
UHLAND, CHRISTOPHER H 11233 ST. JOHN'S INDUSTRIAL PKWY S. SUITE 1 JACKSONVILLE FL 32246		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D UHLAND, CHRISTOPHER H <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UHLAND, CHRISTOPHER H	NAME	
STREET ADDRESS	3815 HUNT CLUB RD.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	CITY-ST-ZIP	
TITLE	D WHITE, JAMES A JR. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, JAMES A JR.	NAME	
STREET ADDRESS	1437 ST. MICHAEL AVE.	STREET ADDRESS	
CITY-ST-ZIP	EASTPOINT GA 30344	CITY-ST-ZIP	
TITLE	D SANTINI, JOSHUA S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTINI, JOSHUA S	NAME	
STREET ADDRESS	410 NE 23RD PLACE	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33909	CITY-ST-ZIP	
TITLE	D FILIPKOWSKI, LEONARD R JR. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILIPKOWSKI, LEONARD R JR.	NAME	
STREET ADDRESS	735 BARSHAM WAY	STREET ADDRESS	
CITY-ST-ZIP	DULUTH GA 30097	CITY-ST-ZIP	
TITLE	D NELSON, EDWIN T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, EDWIN T	NAME	
STREET ADDRESS	14514 PLUMOSA DR.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32250	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2003 (904) 247-4321
Date Daytime Phone

CR2E034 (10/02)